

# **Appendix F**

## **Sample Forms**



## Sample Forms

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Where applicable, instructions can be found following each form.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>REQUEST FOR PUBLIC ASSISTANCE</b>			O.M.B. 1660-0017 Expires October 31, 2008	
<b>PAPERWORK BURDEN DISCLOSURE NOTICE</b> Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, D.C. 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right hand corner of this form. <b>NOTE: Do not send your completed questionnaire to this address.</b>				
APPLICANT ( <i>Political subdivision of eligible applicant</i> )			DATE SUBMITTED	
COUNTY ( <i>Location of Damages. If located in multiple counties, please indicate.</i> )				
<b>APPLICANT PHYSICAL LOCATION</b>				
STREET ADDRESS				
CITY	COUNTY	STATE	ZIP CODE	
<b>MAILING ADDRESS (If different from Physical Location)</b>				
STREET ADDRESS				
POST OFFICE BOX	CITY	STATE	ZIP CODE	
<b>Primary Contact/Applicant's Authorized Agent</b>		<b>Alternate Contact</b>		
NAME		NAME		
TITLE		TITLE		
BUSINESS PHONE		BUSINESS PHONE		
FAX NUMBER		FAX NUMBER		
HOME PHONE ( <i>optional</i> )		HOME PHONE ( <i>optional</i> )		
CELL PHONE		CELL PHONE		
E-MAIL ADDRESS		E-MAIL ADDRESS		
PAGER & PIN NUMBER		PAGER & PIN NUMBER		
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Private Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the facilities identified below best describe your organization? _____  <small>Title 44 CFR Part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."</small>				
<b>Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws.</b> <b>If your organization is a school or educational facility, please attach information on accreditation or certification</b>				
Official Use Only:		FEMA-____-DR-____-____	FIPS # _____	Date Received:

<b>DISASTER ASSISTANCE APPLICATION</b>		<b>DEM - 131</b>				
<b>Application Identifier:</b>	State Number: _____					
	Federal Disaster Number: _____					
<b>Federal Catalog Number: 97.036</b>	<b>Title: Public Assistance Grants</b>					
<b>Declaration Date:</b>						
<b>Applicant's FEMA Project Application Number:</b>						
<b>Legal Applicant Recipient:</b>  Applicant's Name: _____  Street Address: _____  Mailing Address: _____ County: _____  City: _____ State: _____ Zip Code: _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>Applicant Agent:</b>             Name: _____             Title: _____             Signature: _____         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>Contact Information:</b>             Phone: _____             Fax: _____             E-mail: _____             Date: _____         </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Alternate Applicant Agent:</b>             Name: _____             Title: _____             Signature: _____         </td> </tr> </table>			<b>Applicant Agent:</b>  Name: _____  Title: _____  Signature: _____	<b>Contact Information:</b>  Phone: _____  Fax: _____  E-mail: _____  Date: _____	<b>Alternate Applicant Agent:</b>  Name: _____  Title: _____  Signature: _____	
<b>Applicant Agent:</b>  Name: _____  Title: _____  Signature: _____	<b>Contact Information:</b>  Phone: _____  Fax: _____  E-mail: _____  Date: _____					
<b>Alternate Applicant Agent:</b>  Name: _____  Title: _____  Signature: _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>Type of Applicant:</b>            A - State            B - County            C - City            D - School District            E - Special Purpose District         </td> <td style="width: 50%; vertical-align: top; padding: 5px;">           F - Higher Educational Institution            G - Indian Tribe            H - Private Non Profit            I - Other (Specify) _____             Enter Appropriate Letter _____         </td> </tr> </table>			<b>Type of Applicant:</b> A - State B - County C - City D - School District E - Special Purpose District	F - Higher Educational Institution G - Indian Tribe H - Private Non Profit I - Other (Specify) _____  Enter Appropriate Letter _____		
<b>Type of Applicant:</b> A - State B - County C - City D - School District E - Special Purpose District	F - Higher Educational Institution G - Indian Tribe H - Private Non Profit I - Other (Specify) _____  Enter Appropriate Letter _____					
<b>Congressional District Number:</b> _____  <b>State Legislative District Number:</b> _____						
<b>Governor's Authorized Representative:</b> Signature: _____ Date: _____						

### Sample Designation of Applicant's Agent Resolution

Be it resolved by (Governing Body) of (Public Agency) that (Name of New Agent), (Title), is hereby designated the authorized representative, that (Name of Alternate Applicant Agent), (Title), is designated the alternate, for and in behalf of (Public Agency), a public agency established under the laws of the State of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of the (Public Agency) to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____	_____	_____
( <u>Signature</u> )	( <u>Title</u> )	( <u>Signature</u> )	( <u>Title</u> )
_____	_____	_____	_____
( <u>Signature</u> )	( <u>Title</u> )	( <u>Signature</u> )	( <u>Title</u> )
_____	_____	_____	_____
( <u>Signature</u> )	( <u>Title</u> )	( <u>Signature</u> )	( <u>Title</u> )

### Certification

I, (Name), duly appointed (Title) of (Public Agency), do hereby certify that the above is a true and correct copy of a resolution passed and approved by the (Governing Body) of (Public Agency) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Date: \_\_\_\_\_

_____	_____
(Official Position)	(Signature)

## INSTRUCTIONS FOR COMPLETING DESIGNATION OF APPLICANT'S AGENT

Governing Body = council, commissioners, board of directors, etc.

Public Agency = name of the applicant entity, i.e., county, city, fire district, etc.

### General Notes:

- \* Must have signatures of voting members of the governing body; titles may be typed.
- \* A majority of the governing body must sign the resolution.
- \* The certification must be signed by the clerk of the governing body.
- \* The signed resolution itself may be photocopied, but the **certification** needs to have the **original signature** of the signer.
- \* A letter may be substituted for the Designation of Applicant's Agent Resolution. The letter should be from the chief executive officer for the public agency, i.e., Mayor, City Manager. **One may not appoint oneself as the applicant agent.**

Date

Gerard Urbas  
Public Assistance Program  
Washington Military Department  
Emergency Management Division  
MS: TA-20 Building 20-B  
Camp Murray, WA 98430-5122

Re: Designated Applicant Agent

Dear Mr. Urbas:

The purpose of this letter is to designate (insert name and title) as the Applicant Agent and (insert name and title) as the Alternate authorized representatives for (insert name of agency/jurisdiction) for the January 2011 Severe Storms and Flooding Declaration. The purpose of this designation as the authorized representatives is to obtain federal and/or state emergency or major disaster assistance funds.

These representatives are authorized on behalf of (insert name of agency/jurisdiction) to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Sincerely,

Name

State Agency Department Director or Elected Official (Mayor, Chairman of the Commissioners)



DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>PROJECT WORKSHEET</b>				O.M.B. No. 1660-0017 Expires October 31, 2008	
<b>PAPERWORK BURDEN DISCLOSURE NOTICE</b>					
Public reporting burden for this form is estimated to average 90 minutes per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U. S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right corner of this form. <b>NOTE: Do not send your completed questionnaire to this address.</b>					
DISASTER FEMA _____ - DR - _____		PROJECT NO.	PAID NO.	DATE	CATEGORY
DAMAGED FACILITY				WORK COMPLETE AS OF: _____ : _____ %	
APPLICANT			COUNTY		
LOCATION				LATITUDE	LONGITUDE
DAMAGE DESCRIPTION AND DIMENSIONS					
SCOPE OF WORK					
Does the Scope of Work change the pre-disaster conditions at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No Special Considerations issues included? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazard Mitigation proposal included? <input type="checkbox"/> Yes Is there insurance coverage on this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT COST					
ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
				<b>TOTAL COST ▶</b>	
PREPARED BY		TITLE		SIGNATURE	
APPLICANT REP.		TITLE		SIGNATURE	

## FEDERAL EMERGENCY MANAGEMENT AGENCY

### PROJECT WORKSHEET INSTRUCTIONS

The Project Worksheet (FEMA Form 90-91) must be completed for each identified damaged project. Projects with estimated or actual cost of damage greater than \$64,200 (FY 08) are large projects. Projects with estimated or actual cost of damage less than \$64,200 (FY08) are small projects. After completing Project Worksheets, submit the worksheets to your Public Assistance Coordinator.

#### Identifying Information

**Disaster No:** Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-WA").

**Project No:** Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3).

**PA ID No:** Indicate your Public Assistance ID (FIPS) number within this space. This is optional.

**Date:** Indicate the date the worksheet was prepared in MM/DD/YY format.

**Category:** Indicate the project's category of work according to FEMA-specified work categories. This is optional.

**Damaged Facility:** Identify the facility and describe its basic function.

**Work Complete as of:** Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.

**Applicant:** Name of the governmental or other legal entity to which the funds will be awarded.

**County:** Name of the county where the damage is located. If located in multiple counties, indicate "Multi-County."

**Location:** This item can range anywhere from an "address," "intersection of..." "1 mile south of ...on...." to "county wide." If damages are in different locations or different counties, please list each location. Include latitude and longitude of the project if known.

**Damage Description and Dimensions:** Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

**Scope of Work:** List work that has been completed and work to be completed that is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.

**Does the Scope of Work change the pre-disaster conditions at the site:** If the work described under the Scope of Work changes the facility's conditions (i.e. increases / decreases the size or function of the facility or does not replace damaged components with in kind or like materials), check (✓) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity, and dimensions, check (✓) no.

**Special Considerations issues included:** If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (✓) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.

**Hazard Mitigation proposal included:** If the pre-disaster conditions at the site can be changed to prevent the disaster-related damage, check (✓) Yes. If no opportunities for hazard mitigation exist, check (✓) no. Appropriate action will be initiated to avoid delays in funding. Refer to *Applicant Handbook* for further information.

**Is there insurance coverage on this facility:** Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check (✓) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

#### Project Cost

**Item:** Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

**Code:** If using the FEMA cost codes, place the appropriate number here.

**Narrative:** Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. Dia. RCP", "sheet rock replacement", etc.).

**Quantity/Unit:** List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

**Unit Price:** Indicate the price per unit.

**Cost:** This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books that lend themselves to work estimates, such as RS Means, or by using FEMA cost codes.

**Total Cost:** Record total cost of the project.

**Prepared By:** The name and title of the person completing the Project Worksheet and their signature.

**Applicant Rep:** The name and title of the applicant's representative and their signature.

#### Record Requirements

Please review the *Applicant Handbook* for detailed instructions and examples. For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets that identify the employee, hours worked, dates worked, and location.
- Force account equipment documentation sheets that identify specific equipment, operator, usage by hour/mile, and the cost to use.
- Material documentation sheets identifying the type of material, quantity used and cost; copies of all contracts for work and any lease/rental equipment costs.

For all estimated work keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/ estimate" for which funding is being requested.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>FORCE ACCOUNT LABOR SUMMARY RECORD</b>				PAGE ____ OF ____		O.M.B. No. 1660-0017 <i>Expires October 31, 2008</i>	
APPLICANT		PAID NO.		PROJECT NO.		DISASTER	
LOCATION/SITE				CATEGORY		PERIOD COVERING	
DESCRIPTION OF WORK PERFORMED:							
		DATES AND HOURS WORKED EACH WEEK				COSTS	
NAME	DATE					TOTAL HOURS	HOURLY RATE
JOB TITLE	REG.						BENEFIT RATE/HR
	O. T.						TOTAL HOURLY RATE
NAME	REG.						TOTAL COSTS
JOB TITLE	O. T.						
NAME	REG.						
JOB TITLE	O. T.						
NAME	REG.						
JOB TITLE	O. T.						
NAME	REG.						
JOB TITLE	O. T.						
NAME	REG.						
JOB TITLE	O. T.						
NAME	REG.						
JOB TITLE	O. T.						
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME						\$	
TOTAL COSTS FOR FORCE ACCOUNT LABOR OVERTIME						\$	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.							
CERTIFIED		TITLE				DATE	

## FORCE ACCOUNT LABOR SUMMARY INSTRUCTIONS FEMA Form 90-123

- Force account is the term used to define labor performed by the applicant's personnel.
- Record regular and overtime hours separately.
- Record regular and overtime benefits separately.
- Attach a Fringe Benefits Rate sheet for the benefit breakdown. You can use an average rate if there are different benefit rates for employees.
  
- **Complete the Record as Follows:**
  - **Applicant:** Enter organization's name.
  - **PA ID No.:** Enter the computer tracking number that FEMA assigns to applicant organization. Your Public Assistance Coordinator can provide you with this number.
  - **Project No.:** Enter the number assigned to this project.
  - **Disaster:** Enter the declaration number for this disaster. The Public Assistance Coordinator can also provide you with this information.
  - **Location/Site:** This item can range from an "address," "intersection of...," "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
  - **Category:** Indicate the category of the project according to FEMA specified work categories (i.e.; B, H, Z). This is optional.
  - **Period Covering:** Enter the dates that this period covers.
  - **Description of Work Performed:** Enter a brief description of work performed.
  - **Dates & Hours Worked:** Enter the dates, days, and hours worked.
  - **Name:** Enter the name of each employee who worked the project.
  - **Job Title:** Enter the title or occupation of each employee who worked the project.
  - **REG:** Enter the regular hours that each employee worked on the project.
  - **O.T.:** Enter the overtime hours that each employee worked on the project. Record regular and overtime hours. **Reminder: Only overtime is eligible for emergency work.**
  - **Cost / Total Hours:** For the Word version, enter the total hours for the week. The Excel version will calculate the total hours for the week and auto fill the "Total Hours" cell.
  - **Costs / Hourly Rate:** Enter each employee's hourly rate.
  - **Costs / Benefits Rate/Hr.:** Enter each employee's hourly benefit rate. There should be different percentages for regular versus overtime benefit rates.
  - **Costs / Total Hourly Rate:** Excel will add the employee's hourly rate in the "Hourly Rate" block and the hourly benefits rate in the "Benefit Rate/HR" block, and auto fill the "Total Hourly Rate" block.
  - **Costs / Total Costs:** Multiply the entries in the "Total Hrs" and "Total Hourly Rate" blocks and fill in the "Total Costs" block. The Excel version will auto calculate these fields.
  - **Total Cost for Force Account Labor Regular Time:** Add the entries in the "Total Costs", "REG" block for each employee and the results in the "Total Cost for Force Account Labor Regular Time" block.
  - **Total Cost for Force Account Labor Overtime:** Add the entries in the "Total Costs", "O.T." block for each employee and the results in the "Total Cost for Force Account Labor Overtime" block.
  - **Certified:** Record the name, title, and date of the person certifying the Force Account Labor Summary Record.

<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>FEDERAL EMERGENCY MANAGEMENT AGENCY</b> <b>APPLICANT'S BENEFITS CALCULATION WORKSHEET</b>		PAGE <input type="text"/> OF <input type="text"/> <input type="text"/>	<b>O.M.B. No. 1660-0017</b> <b>Expires October 31, 2008</b>
APPLICANT <input type="text"/>		PA ID <input type="text"/>	
DISASTER <input type="text"/>		PROJECT NO. <input type="text"/>	
<b>FRINGE BENEFITS (by %)</b>	<b>REGULAR TIME</b>	<b>OVERTIME</b>	
HOLIDAYS	<input type="text"/>	<input type="text"/>	
VACATION LEAVE	<input type="text"/>	<input type="text"/>	
SICK LEAVE	<input type="text"/>	<input type="text"/>	
SOCIAL SECURITY	<input type="text"/>	<input type="text"/>	
MEDICARE	<input type="text"/>	<input type="text"/>	
UNEMPLOYMENT	<input type="text"/>	<input type="text"/>	
WORKER'S COMP.	<input type="text"/>	<input type="text"/>	
RETIREMENT	<input type="text"/>	<input type="text"/>	
HEALTH BENEFITS	<input type="text"/>	<input type="text"/>	
LIFE INS. BENEFITS	<input type="text"/>	<input type="text"/>	
OTHER	<input type="text"/>	<input type="text"/>	
<b>TOTAL in % of annual salary</b>	<input type="text"/>	<input type="text"/>	
COMMENTS: <input type="text"/>			
I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE			
CERTIFIED BY:	TITLE:	DATE:	

### FRINGE BENEFIT RATE SHEET INSTRUCTIONS

Fringe benefits for force account labor are eligible. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time. The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary.

**Note:** items and percentages will vary from one entity to another.

- 1) The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day). This does not include holidays and vacations.
- 2) Determine the employee's basic hourly pay rate (annual salary/2080 hours).
- 3) Fringe benefit percentage for vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 (80 hours (2 weeks)/2080 = 3.85%).
- 4) Fringe benefit percentage for paid holidays: Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 = 3.07%).
- 5) Retirement pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
- 6) Social Security and Unemployment Insurance: Both are standard percentages of salary.
- 7) Insurance: This benefit varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2.
- 8) Workman's Compensation: This benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per \$100 to determine the correct percentage.

**Note:** Typically, you should not be charging the same rate for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however, some entities may charge retirement tax on all income.

#### Sample Rates

Rates may differ between organizations and the table below provides some general guidelines that can be used as a reasonableness test to determine eligible costs. These rates are based on past experience in developing fringe rates for several states. The rates presented are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

#### **Paid Fringe Benefits**

HCA Matching	7.65% (or slightly less)	Unemployment Insurance	0.25% (or less)
Retirement--Regular	17.00%(or less)	Leave Fringe Benefits	
Retirement--Special Risk	25.00%	Accrued Annual Leave	7.00% (or less)
	(or slightly more)	Sick Leave	4.00% (or less)
Health Insurance	12.00%(or less)	Administrative Leave	0.50% (or less)
Life & Disability Insurance	1.00% (or less)	Holiday Leave	4.00% (or less)
Worker's Compensation	3.00% (or less)	Compensatory Leave	2.00% (or less)

Rates outside of these ranges are possible, but should be justified during the validation process

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>MATERIALS SUMMARY RECORD</b>				<b>Page</b> <b>OF</b>		<b>O.M.B. No. 1660-0017</b> <b>Expires October 31,</b> <b>2008</b>	
<b>APPLICANT</b>		<b>PA ID NO.</b>		<b>PROJECT NO.</b>		<b>DISASTER</b>	
<b>LOCATION/SITE</b>		<b>CATEGORY</b>		<b>PERIOD COVERING</b>			
<b>DESCRIPTION OF WORK PERFORMED</b>							
<b>VENDOR</b>	<b>DESCRIPTION</b>	<b>QUAN.</b>	<b>UNIT PRICE</b>	<b>TOTAL PRICE</b>	<b>DATE PURCHASED</b>	<b>DATE USED</b>	<b>INFO FROM (CHECK ONE) INVOICE   STOCK</b>
		<b>GRAND TOTAL →</b>					
				\$			
<b>I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.</b>							
<b>CERTIFIED</b>		<b>TITLE</b>			<b>DATE</b>		

## MATERIAL RECORD SUMMARY INSTRUCTIONS FEMA Form 90-124

This form is used to record the costs of supplies and materials purchased in response to the disaster or used to repair damages caused by the disaster.

### Complete the Record as Follows:

- **Applicant:** Enter organization's name.
- **PA ID No.:** Enter the computer tracking number that FEMA assigns to applicant organization. Your Public Assistance Coordinator can provide you with this number.
- **Project No.:** Enter the number assigned to this project.
- **Disaster:** Enter the declaration number for this disaster. The Public Assistance Coordinator can also provide you with this information.
- **Location/Site:** This item can range from an "address," "intersection of..." "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
- **Category:** Indicate the category of the project according to FEMA specified work categories (i.e., B, H, Z). This is optional.
- **Period Covering:** Enter the dates that this period covers.
- **Description of Work Performed:** Describe the type of work that was performed.
- **Vendor:** Enter the name of the supplier if the material was bought specifically as a result of the disaster.
- **Description:** Enter a brief description of the supplies or materials used or purchased.
- **Quant.:** Enter the number purchased.
- **Unit Price:** Enter the price per unit.
- **Total Price:** Calculates the "Quant." times the "Unit Price" and auto fills "Total Price" block.
- **Date Purchased:** Enter the date item was purchased.
- **Date Used:** Enter the date item was used.
- **Info. from (Check One) Invoice or Stock:** Place a check (✓) in either the "Invoice" or "Stock" block.
- **Grand Total:** Adds the costs from "Total Price" blocks and auto fills "Grant Total" block.
- **Certified:** Record the name, title, and date of the person certifying the Material Summary Record.



DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>FORCE ACCOUNT EQUIPMENT SUMMARY RECORD</b>				Page      OF		O.M.B. No. 1660-0017 Expires October 31, 2008						
APPLICANT		PA ID NO.		PROJECT NO.		DISASTER						
LOCATION/SITE				CATEGORY		PERIOD COVERING						
DESCRIPTION OF WORK PERFORMED												
TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY						COSTS			
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE, AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			GRAND TOTAL →									
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.												
CERTIFIED				TITLE				DATE				

## FORCE ACCOUNT EQUIPMENT SUMMARY INSTRUCTIONS FEMA Form 90-127

Force Account Equipment is the term used to define equipment the applicant owns.

### Complete the Record as Follows:

- **Applicant:** Enter organization's name.
- **PA ID No.:** Enter the computer tracking number that FEMA assigns to applicant organization. Your Public Assistance Coordinator can provide you with this number.
- **Project No.:** Enter the number assigned to this project.
- **Disaster:** Enter the declaration number for this disaster. The Public Assistance Coordinator can also provide you with this information.
- **Location/Site:** This item can range from an "address," "intersection of...," "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
- **Category:** Indicate the category of the project according to FEMA specified work categories (i.e., B, H, Z). This is optional.
- **Period Covering:** Enter the dates that this period covers.
- **Description Work Performed:** Describe the type of work the equipment was used for.
- **Type of Equipment / Indicate size, capacity, horsepower, make, and model as appropriate:** Enter a brief description of the equipment including the rated horsepower or capacity of the equipment.
- **Equipment Code Number:** Enter the FEMA cost code number for the equipment.
- **Operator's Name:** Enter the equipment operator's name.
- **Date and Hours Used Each Day - Date:** Enter the days or dates for the week.
- **Hours:** Enter the hours the equipment was used. **Note:** Standby time for equipment is not eligible.
- **Costs / Total Hours:** The total hours for the week. Excel will auto fill the "Total Hours" block.
- **Costs / Equipment Rate:** Enter the hourly rate for the equipment.
- **Costs / Total Cost:** Multiply the number in the Total Hours block by the number in the Equipment Rate block and fill in the amount in the Total Cost block. Excel will auto fill this number.
- **Grand Totals:** Add the numbers in the Total Hours block and the Total Cost block. Excel will auto fill the totals. You will need to enter the totals manually on the Word version.
- **Certified:** Record the name, title, and date of the person certifying the Force Account Equipment Summary Record.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>RENTED EQUIPMENT SUMMARY RECORD</b>				Page <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> of <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>		O.M.B. No. 1660-0017 Expires October 31, 2008		
APPLICANT <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		PA ID NO. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		PROJECT NO. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		DISASTER <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
LOCATION/SITE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		CATEGORY <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		PERIOD COVERING <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>				
DESCRIPTION OF WORK PERFORMED <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>								
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
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<b>GRAND TOTAL</b>				\$ <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>				
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>						TITLE <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
DATE <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>								

## RENTED EQUIPMENT SUMMARY INSTRUCTIONS FEMA Form 90-125

This form is used to record the costs of equipment that is rented or leased to the applicant to respond to the disaster or be used to make repairs to damages caused by the disaster.

### Complete the Record as Follows:

- **Applicant:** Enter organization's name.
- **PA ID No.:** Enter the computer tracking number that FEMA assigns to applicant organization. Your Public Assistance Coordinator can provide you with this number.
- **Project No.:** Enter the number assigned to this project.
- **Disaster:** Enter the declaration number for this disaster. The Public Assistance Coordinator can also provide you with this information.
- **Location/Site:** This item can range from an "address," "intersection of...", "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
- **Category:** Indicate the category of the project according to FEMA specified work categories (i.e., B, H, Z). This is optional.
- **Period Covering:** Enter the dates that this period covers.
- **Type of Equipment:** Enter a brief description of the equipment that was leased or rented. Indicate if the equipment was rented on a daily, weekly, or monthly rate instead of an hourly rate.
- **Date and Hours Used:** Enter the dates for each day the equipment was used in the top box and the hours the equipment was worked in the bottom box.
- **Rate Per Hours With or Without Operator:** Enter the hourly rental or lease cost of the equipment with or without an operator. **Note:** Determine the rental rate is fair and reasonable and not raised because of the disaster.
- **Total Cost:** Multiply the entries in the second box under "Dates & Hours Used". Multiple this amount by the "Rate Per Hour – W/OPR or W/OUT OPR". The Excel version will auto fill the "Total Cost" block. You will need to fill in the block in the Word version.
- **Vendor:** Enter the name of the vendor.
- **Invoice No.:** Enter the invoice number.
- **Date and Amount Paid:** Enter the date of the invoice in the top box and the usage cost based on the renter's agreement in the bottom box.
- **Check No.:** Enter the check or warrant number.
- **Grand Total:** The Excel version will calculate the costs from "Total Price" blocks and auto fill "Grant Total" block. You will need to enter this information manually on the Word version.
- **Certified:** Record the name, title, and date of the person certifying the Rented Equipment Summary Record.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>CONTRACT WORK SUMMARY RECORD</b>		Page      OF	O.M.B. No. 1660-0017 Expires October 31, 2008
APPLICANT		PA ID NO.	PROJECT NO.
LOCATION/SITE		CATEGORY	PERIOD COVERING
DESCRIPTION OF WORK PERFORMED			
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT
			COMMENTS - SCOPE
GRAND TOTAL →		\$	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.			
CERTIFIED		TITLE	DATE

FEMA Form 90-126, FEB 06

PREVIOUS EDITION OBSOLETE

## **CONTRACT WORK SUMMARY INSTRUCTIONS FEMA Form 90-126**

This form is used to record the costs of contracts awarded to respond to the disaster.

### **Complete the Record as Follows:**

- \* **Applicant:** Enter organization's name.
- \* **PA ID No.:** Enter the computer tracking number that FEMA assigns to applicant organization. Your Public Assistance Coordinator can provide you with this number.
- \* **Project No.:** Enter the number assigned to this project.
- \* **Disaster:** Enter the declaration number for this disaster. The Public Assistance Coordinator can also provide you with this information.
- \* **Location/Site:** This item can range from an "address," "intersection of...," "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
- \* **Category:** Indicate the category of the project according to FEMA specified work categories (i.e.; B, H, Z). This is optional.
- \* **Period Covering:** Enter the dates that this period covers.
- \* **Description of Work Performed:** Enter a brief description of work performed.
- \* **Date Worked:** Enter the date on the invoice.
- \* **Contractor:** Enter the name of the contractor receiving the contract.
- \* **Billing/Invoice Number:** Enter the invoice number.
- \* **Amount:** Enter the total dollar figure listed for each invoice.
- \* **Comments – Scope:** Enter a brief description of the type of work that was performed on each invoice.
- \* **Grand Total:** Calculates the "Amount" blocks and auto fills "Grant Total" block.
- \* **Certified:** Record the name, title, and date of the person certifying the Contract Work Summary Record.

<b>DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY SPECIAL CONSIDERATIONS QUESTIONS</b>		<b>O.M.B. No. 1660-0017 Expires October 31, 2008</b>	
APPLICANT		PA ID NO.	DATE
PROJECT NAME	PROJECT NO.	LOCATION	
<b>Form must be filled out—for each project.</b>			
<p>1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? <i>(e.g., buildings, equipment, vehicles, etc.)</i></p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? <i>(e.g., footprint, material, location, capacity, use or function)</i></p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			
<p>9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?</p> <p> <input type="checkbox"/> Yes     <input type="checkbox"/> No     <input type="checkbox"/> Unsure     Comments </p>			

**WASHINGTON STATE  
EMERGENCY MANAGEMENT DIVISION  
DISASTER RESPONSE AND RECOVERY  
INSURANCE COMMITMENT**

**Applicant**

Name \_\_\_\_\_ Type of Major Disaster \_\_\_\_\_  
 Address \_\_\_\_\_ State No. \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Project Worksheet \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Zip \_\_\_\_\_

Location of Property \_\_\_\_\_

Description of Damage \_\_\_\_\_

Eligible Project Worksheet Amount \_\_\_\_\_

Life on Insured Property \_\_\_\_\_ Years

Life of Restorative Work \_\_\_\_\_ Years

**Insurance Requirement**

***Required***

***In Effect***

Type: \_\_\_\_\_  
 Extent:                      - Buildings \_\_\_\_\_  
                                     - Contents \_\_\_\_\_  
 Deductible (\$ or %) \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Effective Date: Current Policy From: \_\_\_\_\_ To: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Applicant's Commitment**

The applicant hereby assures the Governor's Authorized Representative and the FEMA Regional Director that it:

- ☐ has obtained and will maintain the required insurance for \_\_\_\_\_ years as a condition for obtaining federal disaster assistance under PL 93-288.
- ☐ will obtain and will maintain the required insurance for \_\_\_\_\_ years as a condition for obtaining federal disaster assistance under PL 93-288, or will obtain a determination from the Office of the Insurance Commissioner that insurance is not reasonably and readily available.

**Applicant's Authorized Representative**

Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

**State Review**

\_\_\_\_\_ Date \_\_\_\_\_



FORM A19-1A (Rev. 12/96)		STATE OF WASHINGTON <b>INVOICE VOUCHER</b>

<b>AGENCY NAME</b>
Military Department Public Assistance Unit, Bldg. 20-B Camp Murray TA-20 Camp Murray, Washington 98430-5122
<b>VENDOR OR CLAIMANT (Warrant is to be payable to)</b>

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY \_\_\_\_\_  
(SIGN IN INK)

\_\_\_\_\_  
(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)	RECEIVED BY	DATE RECEIVED
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### DISASTER ASSISTANCE PAYMENT REQUEST

Payment requested for disaster assistance to help in the repair or restoration of damaged public facilities.

Contract No. \_\_\_\_\_

Disaster No: \_\_\_\_\_

Type of Request:

☐ Small Project Payment

**Package #:**

☐ Large Project Payment

**PW #:**

☐ Indirect Administrative Allowance

☐ Final Payment

Project Costs:

Proj/Sub \_\_\_\_\_ \$ \_\_\_\_\_ (F)

Proj/Sub \_\_\_\_\_ \$ \_\_\_\_\_ (S)

Administrative Costs:

Proj/Sub \_\_\_\_\_ \$ \_\_\_\_\_ (F)

PREPARED BY				TELEPHONE NUMBER ( )		DATE		AGENCY APPROVAL				DATE				
DOC DATE		PMT. DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NO.		VENDOR MESSAGE		USE TAX		UBI NUMBER		
REF DOC SUF	TRANS CODE	M O D	MASTER INDEX			SUB OBJ	SUB OBJ	ORG INDEX	WORK CLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NO.
			FUND	APPN INDEX	PROGRAM INDEX											
ACCOUNTING APPROVAL FOR PAYMENT										DATE		WARRANT TOTAL		WARRANT NUMBER		

### **Instructions for the Completion of A-19-1A Invoice Voucher**

Please use the Invoice Vouchers preprinted with the Disaster Assistance Payment Request Information.

1. Fill in the name and mailing address of your agency in the vendor or claimant box.
2. The designated applicant agent for your agency or jurisdiction is required to sign the invoice voucher under the Vendor's Certificate.
3. Contract No. – See your copy of the interagency agreement. The contract number is in the upper right hand corner.
4. Disaster No. – Insert the appropriate number, depending upon the disaster under which you are requesting reimbursement. (i.e. No. 1255 – Kelso Landslide)
5. Type of Request – Mark payment choice based upon type of Damage Survey Reports you are requesting payment on. Final payment is not marked until the indirect administrative allowance is paid at the time the disaster assistance application is closed.
6. Date – Insert date the invoice voucher is being completed.
7. Program Index – Leave Blank.
8. Project Costs – Leave the lines to the left of the dollar sign (\$) blank. To the right of the \$, on the line ending with an (F), insert the total amount of federal share funds being requested for payment. If your agency is requesting payment on more than one Damage Survey Report, then the total amount of federal funds for all of the reports for which payment is requested would be inserted. Similarly, the amount of state funds for all Damage Survey Reports for which payment is requested, would be inserted to the right of the \$ on the line ending (S).  
  
F = federal funds    S = state funds
9. Administrative Costs – Leave blank.

You have now completed the form. Mail the completed invoice voucher with the required accompanying document to:

Public Assistance Program  
Washington Military Department  
MS: TA-20    Building 20-B  
Camp Murray, WA 98430-5122

A copy of the invoice voucher will be faxed or emailed to you when the payment is forwarded to the Finance Office for payment. Typically payments are processed and in the mail within thirty working days after receipt.

[illegible]

[illegible]

## WASHINGTON STATE EMERGENCY MANAGEMENT SMALL PROJECT COMPLETION CERTIFICATION

**APPLICANT:****STATE NO.:****DISASTER NO.:****FEMA NO.:**

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed and all costs claimed have been paid in full for the following project(s):

<b>PW Number</b>	<b>Date of Total Completion (month,day,year)</b>	<b>Total Amount Claimed* (total eligible amount of PW)</b>
<b>CERTIFIED BY:</b>	<b>TITLE:</b>	<b>DATE:</b>

STATE OF WASHINGTON  
MILITARY DEPARTMENT - EMERGENCY MANAGEMENT DIVISION  
**STATEMENT OF DOCUMENTATION AND FINAL INSPECTION REPORT (SOD/FIR)**

(1) Applicant	(2) Disaster No. -DR-WA	(3) FEMA ID No.:	(4) State Agreement No.:
	(5) Project Worksheet No:		(6) Category

(7) Alternate Project ☐ Improved Project ☐

(8) **CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed as identified in the approved scope of work, and all costs claimed have been paid in full. I also assure and certify that all work performed by our own forces, consultants or by other contracting procedures, complies with all applicable state and federal laws and regulations, including but not limited to the provisions of 44 CFR, Emergency Management and Assistance; Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act; and the Washington State Public Assistance Applicant Manual, as they apply to performing the repair required for this PW.

Date Work Physically Completed: \_\_\_\_\_

Signature of Applicant Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_

(9) Description of work	(10) Approved PW amount	(11) Claimed costs	(12) Eligible cost incurred <b>For EMD Use Only</b>
Labor:			
Equipment:			
Materials:			
Rented Equipment:			
Contract:			
Engineering Services:			
Direct Administrative Costs:			
Other:			
Total	\$	\$	\$

Applicant Comments:

**CERTIFICATION**

The financial records for the above referenced PW have been inspected and certification is hereby made that the work has been completed according to the approved PW scope of the work.

State Inspector (signature and Title)	Date
Applicant Agent Concurrence with Deviations (signature)	Date

**SIGNATURE AUTHORIZATION FORM**

WASHINGTON STATE MILITARY DEPARTMENT

Camp Murray, Washington 98430-5122

*Please read instructions on reverse side before completing this form.*

NAME OF ORGANIZATION	DATE SUBMITTED
PROJECT DESCRIPTION	CONTRACT NUMBER

1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE

2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE

3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT		
SIGNATURE	PRINT OR TYPE NAME	TITLE

## INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and the other should be kept with your copy of the contract.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is the county commissioner, mayor, executive director, city clerk, etc.
3. **Authorized to Sign Requests for Reimbursement.** Often the executive director, city clerk, treasurer, or administrative assistant have this authority. It is advisable to have more than one person authorized to sign reimbursement requests. **This will help prevent delays in processing a request if one person is temporarily unavailable.**

If you have any questions regarding this form or to request new forms, please call your MD Program Manager.